

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/593460

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3			2			
4			2			
5			2			
6			2			
7			2			
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	10	←	17	←		←
TOTAL CLAIMS	11		18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						